

Provider Check Up



Thank you for your continued partnership! We're excited to share the latest resources and guidance to help you provide the highest quality of care to our members.

Inside this issue of Provider Check Up, you'll find:

- Education and training opportunities, surveys, and reporting requirements to ensure our members continue to receive outstanding care.
- Important reminders about the online tools available to our members on health and wellness topics.
- Helpful resources for annual wellness visits, pediatric care, cancer prevention, and more!



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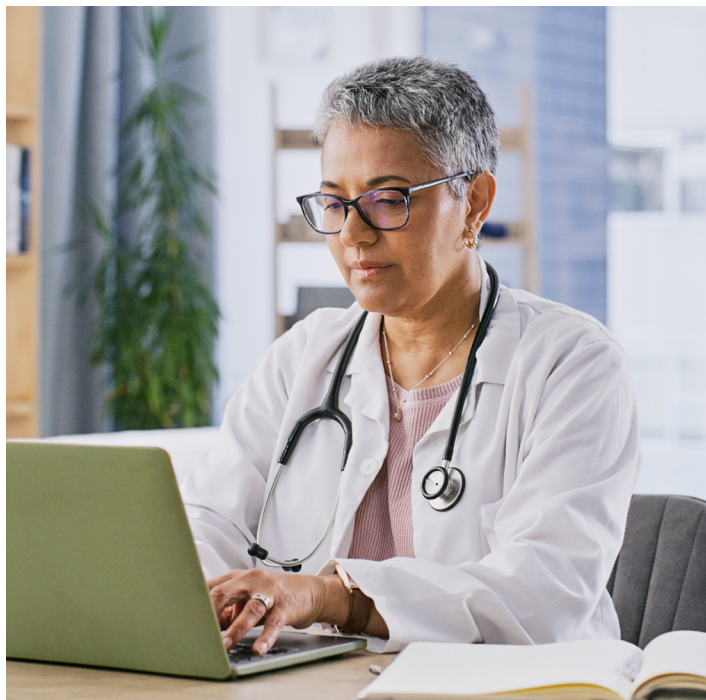
Mark Your Calendars: Free 2024 Webinars

Join us for complimentary webinars, which include information on care strategies, Jefferson Health Plans benefits, and more. Jefferson Health Plans is also offering two training webinars this fall: the **Provider Annual Orientation and Training** and the **DSNP Model of Care Training**.

Register for any of our webinars online [here](#). Can't attend live? No problem! Recordings of past webinars are available on our website.

As additional trainings are made available, they will be added to the provider webpage.

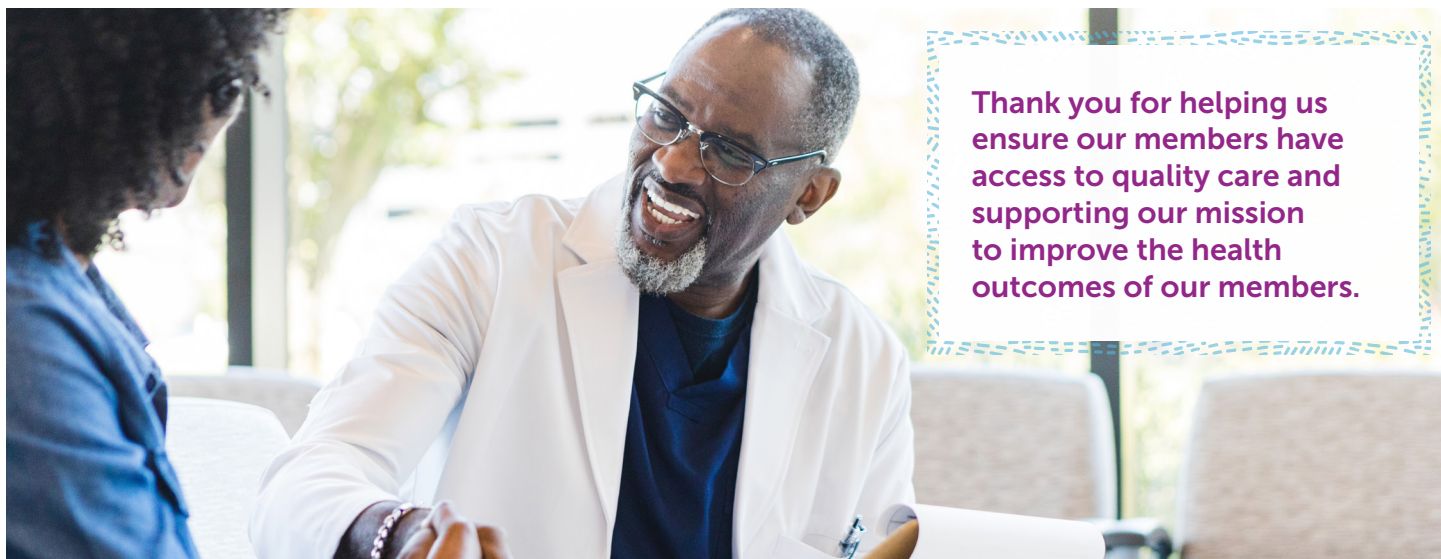
Please check back for future updates!



Complete Our Access and Availability Survey

We survey our network annually to determine if our providers are meeting the Access and Appointment Standards and Telephone Availability Standards. These standards are set by the Department of Human Services (DHS) for Health Partners Plans Medicaid and CHIP members and by the Centers for Medicare & Medicaid Services (CMS) for Jefferson Health Plans Medicare Advantage members.

Our [Access and Availability Survey](#) is now live. If you have not done so already, please complete the survey at your earliest convenience. Please note that each provider has received an individual survey ID number. If you need assistance, please contact us at providercommunications@jeffersonhealthplans.com.



Thank you for helping us ensure our members have access to quality care and supporting our mission to improve the health outcomes of our members.

Protecting Your Patients with Up-to-Date Vaccinations

As the new school year begins, it's crucial to prioritize vaccinations for patients of all ages. Immunizations remain our strongest defense against preventable diseases. By protecting your patients, you're safeguarding your community.

The Centers for Disease Control and Prevention (CDC) offer several resources to guide conversations with patients about immunizations. Check out their [#HowIRecommend](#) campaign for a short video series on how to explain the need for vaccinations and answer questions from patients. The series covers all age ranges and multiple clinician types.



Quality Management Provider Referral Line

In accordance with the Pennsylvania Department of Human Services (DHS) and Centers for Medicare & Medicaid Services (CMS) requirements to ensure the highest quality of care for our members, our Quality Management Department must identify, track, and follow up on the following:

- ✓ Preventable Serious Adverse Events (PSAE)
- ✓ Healthcare Acquired Conditions (HCAC)
- ✓ Other Provider Preventable Conditions (OPPC)

All calls will remain confidential and will be verified by our Quality Management team. Jefferson Health Plans reserves the right to retract payments made for events that are deemed preventable.

We offer a toll-free anonymous provider reporting line to identify and track such events that are deemed preventable, serious, and adverse. To report an event, call **1-855-218-2314** with the following information:

- Member name, health plan ID#, and/or date of birth
- Date of event
- Description of event
- Location where event occurred



Prioritizing Maternal Mental Health

During pregnancy, patients can be more prone to sadness, overwhelm, and depression. Assessing your patient's mental and emotional health is just as important as evaluating their physical health, from the first prenatal appointment until their postpartum visit.

There are many validated depression screening tools available, from the ten question Edinburgh Postnatal Depression Scale (EPDS) to the shorter Patient Health Questionnaire-2 (PHQ-2). Some Electronic Medical Record (EMR) platforms have these tools available for use. Examples of depression screening tools can also be found on our [website](#).

Discussing Cancer Prevention with Patients

Most cancers are treatable if they are found early. Please share the importance of cancer prevention and screenings with your patients during annual well visits and sick visits. Talk to your patients about their risk factors, which can include:

- Gender
- Personal or family history
- Ethnicity
- Socioeconomic status
- Access to health care
- Modifiable risk factors:
 - Decrease in physical exercise
 - Unhealthy diet
 - Overweight and obesity
 - Alcohol use
 - Tobacco and/or vaping use
 - Exposure to the sun



We have several resources available on our [website](#), including best practices, details on NCQA measures, and coding tips to improve HEDIS measures. You can also find specific information for:

- [Colorectal Cancer Screening \(COL\)](#)
- [Breast Cancer Screening \(BCS\)](#)
- [Cervical Cancer Screening \(CCS\)](#)

References:

[National Cancer Institute at the National Institute of Health, Cancer Screening.](#)

Your Pediatric Care Toolkit

We're committed to ensuring all our members, especially our youngest members, receive the preventive care they need. To assist you in providing exceptional care, we continually update our [Pediatric Care Information page](#) with the latest resources and tools. On this page, you'll find:

- 📅 Well-child visit timelines
- ⚙️ Well-child visit tools
- 🏥 Clinical and quality resources
- 🎗️ Programs and initiatives
- 📋 Referrals for case management/care coordination services
- 📄 Information on member rewards

Continue to check back for the latest pediatric care updates and resources.



Quality & Population Health Resources

As part of our collaboration with our provider network, we have several online resources to help you optimize your practice's performance.

For more resources, please visit our [Quality & Population Health](#) page.



Our [Quality Reports Calendar](#) provides a yearly overview of various quality reporting, including the report availability per QCP, MQCP, STARS, HEDIS, and other quality initiatives.



The [Transitions to Care \(TRC\)](#) and [Kidney Health Evaluation for Patients with Diabetes \(KED\)](#) tip sheets, while primarily focused on Jefferson Health Plans Medicare Advantage members, contain valuable information that can apply to members across all of our product lines.



Our [Controlling Blood Pressure Education and Resource Guide](#) includes information on coding and obtaining blood pressure cuffs for members.



The [Hypertension Treatment for African American Patients](#) tip sheet provides best practices on treating hypertension in African American patients, who have a higher prevalence of hypertension compared to white patients.



Please [click here](#) to view a full listing of breast pump suppliers.

Breast Pump Ordering Guidelines

We recently updated our dispensing guidelines for Health Partners Plans Medicaid and CHIP members who need breast pumps. Members are eligible to receive an electric breast pump beginning in the third trimester (28 weeks) of pregnancy or throughout the postpartum period without prior authorization. Please note that members can receive one breast pump per pregnancy.

Ordering a Breast Pump for a Member

Breast pumps can be ordered by any participating provider involved in the care of the member and baby. The [HDIS breast pump order form](#) is located online for convenience. Please complete all sections to ensure prompt, accurate shipping and fax the form using the contact information provided on it. Members should receive their breast pump within 48 hours of receipt of the completed order form.

For members who may require a hospital-grade breast pump because the baby is still in hospital, please refer to our website for information on submitting a prior authorization for the rental. After the baby is discharged, the member may receive a purchased breast pump as outlined above.

Baby Partners

We're here to help our members throughout every stage of life. Our Baby Partners program offers 24/7 breastfeeding support from certified lactation counselors. If you or a member would like to speak to a Baby Partners lactation counselor, please call the Breastfeeding Support Line at **215-307-6791**. For additional questions, please contact our Provider Services Helpline at **1-888-991-9023** (available Monday through Friday, 9:00 a.m. to 5:30 p.m.).

Lead-Free Futures for Children

All children enrolled in Health Partners Plans Medicaid or CHIP must undergo blood lead screening tests at 12 months and 24 months. Additionally, any child between 24 and 72 months with no previous screening requires a test. Completing a risk assessment questionnaire does not fulfill this requirement. The requirement is met only when the two blood lead screening tests identified above (or the catch-up blood lead screening test) are conducted.

During a blood lead test, a small amount of blood is taken from the finger or arm and tested for lead. Two types of blood tests may be used: a finger-prick (capillary) test or a venous blood draw.

Follow-Up for Elevated Blood Lead Levels

If a child has an elevated blood lead level (EBLL) of 5 or above, providers should recommend the following services:

- Refer the child for an Environmental Lead Investigation (ELI). Visit our [website](#) to locate the correct county agency for the referral.
- Prescribe a diet high in iron and calcium.
- If the child has very high levels of lead in their blood, providers may recommend other types of testing (such as an x-ray) or chelation therapy to remove some lead from their blood.

- Even if the child has had a developmental screening prior to the lead screening, one should be conducted to determine if lead has impacted their development. If the child screens for a potential developmental delay, refer them for early intervention services. You can call the CONNECT Helpline at **1-800-692-7288** or email help@connectpa.net to submit a form online.
- Schedule follow-up blood testing and PCP visits (as recommended in the following chart).

Recommended Schedule for Obtaining a Confirmatory Venous Sample

Blood Lead Level (µg/dL)	Time to Confirmation Testing
≥3.5 – 9	Within 3 months
10 – 19	Within 1 month
20 – 44	Within 2 weeks
≥45	Within 48 hours

The higher the BLL on the initial screening test, the more urgent it is to get a venous sample for confirmatory testing.



Schedule for Follow-Up Blood Lead Testing

Venous Blood Lead Levels (µg/dL)	Early Follow-Up Testing (2-4 tests after identification)	Later Follow-Up Testing (after BLL declining)
≥3.5 – 9	3 months*	6 – 9 months
10 – 19	1 – 3 months*	3 – 6 months
20 – 44	2 weeks – 1 month*	1 – 3 months
≥45	As soon as possible	As soon as possible

**Seasonal variation of BLLs exists and may be more apparent in colder climate areas. Greater exposure in the summer months may necessitate more frequent follow-ups.*






**Some case managers or healthcare providers may choose to repeat blood lead tests on all new patients within a month to ensure that their BLL level is not rising more quickly than anticipated.*

Closing the Gap in Osteoporosis Care Post-Fracture

The Osteoporosis Management in Women Who Had a Fracture (OMW) measure is part of the Centers for Medicare & Medicaid Services' (CMS) Star Ratings system. This measure is defined as the percentage of women 67 – 85 years of age (as of December 31 of the measurement year) who suffered a fracture and who had either a bone mineral density (BMD) test or a prescription for a drug to treat osteoporosis in the following six months after the fracture.

Please note that fractures in fingers, toes, the face, and the skull are not included in this measure.

Best Practices OMW Compliance

-  **Act quickly:** A BMD test must take place within six months of the fracture. Contact the patient for an office visit as soon as possible after a fracture occurs.
-  **Offer convenience:** If the patient is interested in an in-home visit for a DEXA scan, you can refer them to our Quality Improvement Outreach Team at **215-967-4530**.
-  **Leverage inpatient care:** If the fracture resulted in an inpatient stay, long-acting osteoporosis therapy administered during the stay or a BMD test administered during the stay will close the care opportunity.
-  **Prescribe effectively:** Osteoporosis medication must be filled using a patient's Part D prescription drug benefit.
-  **Code accurately:** Confirm that fracture codes are not used before a fracture has been verified through imaging. Submit a corrected claim to fix fracture codes submitted in error to remove the patient from this measure.



Documentation that the medications aren't tolerated is not an exclusion for this measure, and a referral for a BMD will not close this care opportunity.

Click [here](#) for more information on the OMW measure.

Boosting Annual Wellness Visit Utilization: Resources to Help

The Medicare Annual Wellness Visit (AWV) is a vital preventive care service covered by Medicare. It's an opportunity to gather essential patient health information and develop personalized care plans. Unfortunately, AWV utilization among Jefferson Health Plans Medicare members is below 30%. To support your practice, we've created a provider resource guide outlining billing and workflow specifics. Additionally, a patient-friendly AWV flyer is available to educate your patients on the benefits of this important visit.

There are three different types of AWVs that a member may be eligible for:

Welcome to Medicare Visit (G0402)	Initial Medicare Annual Wellness Visit (G0438)	Subsequent Medicare Annual Wellness Visit (G0439)
<ul style="list-style-type: none"> • Medicare pays for one per lifetime • Must be done in first 12 months of Part B coverage 	<ul style="list-style-type: none"> • Applies the first time a beneficiary receives an AWV • Patient is eligible after the first 12 months of Part B coverage • Patient hasn't completed a Welcome to Medicare visit in the past 12 months 	<ul style="list-style-type: none"> • Applies to all AWV's after a beneficiary's initial AWV • No AWV within the past year

Please visit our [website](#) for the resource guides and additional information.

Connect with Psychiatric Pros through TiPS

The Telephonic Psychiatric Services (TiPS) program connects PCPs to real-time consultations with psychiatric professionals. TiPS is funded by the Pennsylvania Department of Human Services (DHS). It is a free program available to any PCP who sees children or adolescents through age 21 covered by a HealthChoices Medicaid or CHIP plan. It also supports behavioral health clinicians, medical specialists, and other prescribers of psychotropic medications for children working on-site in primary care practices.

TiPS connects providers to regional children's behavioral health consultation teams comprised of child psychiatrists, licensed therapists, care coordinators, and administrative support. It may include telephonic or face-to-face consultation, care coordination, and training and education.

While there is no cost for this program, you must enroll. Visit our [website](#) to identify your regional team and enroll.



Maximize Reimbursement with Remote Patient Monitoring

Remote Patient Monitoring (RPM) is the use of digital devices to measure and transmit personal health information from a beneficiary in one location to a provider in a different location. RPM allows for providers to be reimbursed for remote treatment and management of patients using devices that collect essential physiologic data. RPM must meet all requirements established between a licensed provider and a patient that is consistent with the provider's scope of practice for services appropriately provided through RPM services. Only qualified health care professionals possessing necessary clinical training may participate in monitoring and evaluating physical data received remotely from the patient.

Jefferson Health Plans requires data from devices to be collected and transmitted electronically to bill for these codes.

Data cannot be self-reported by the patient. Personal devices such as Apple Watches or Fitbits are not approved for RPM.

Please refer to the following resources for more information on our RPM policies:

- [Policy Bulletin Library](#)
- [Remote Patient Monitoring Policy](#)

Our Special Investigations Unit monitors for incorrect billings of RPM. If you are aware of any incorrect remote monitoring or any other types of fraud, waste, or abuse, it is your responsibility to report them:

- Email our team at SIUTips@jeffersonhealthplans.com
- Call our anonymous hotline at **1-866-477-4848**
- Submit an anonymous report [online](#)



Pharmacy Formulary Changes: Fall 2024

Please see below for the most recent formulary, prior authorization, quantity limit, and age edit updates for our Jefferson Health Plans Medicare Advantage, Health Partners Plans Medicaid, and Health Partners Plans CHIP plans.

Medicare

Formularies:

- [Pennsylvania & New Jersey: HMO and PPO Plans](#)
- [Pennsylvania: SNP Plans](#)

Formulary Changes:

- [Pennsylvania & New Jersey: HMO and PPO Plans Changes](#)
- [Pennsylvania: SNP Plans Changes](#)

Medicaid

Formularies:

- [Health Partners Plans Medicaid](#)

Formulary Changes:

- [Pharmacy Bulletin #170](#)
- [Pharmacy Bulletin #171](#)

CHIP

See below for the most recent formulary, prior authorization, quantity limit, and age edit updates for Health Partners Plans CHIP, which also includes the recent updates to the CHIP formulary to add Opill (the newly FDA-approved over-the-counter contraceptive), effective April 1, 2024.

- [Health Partners Plans CHIP](#)

Dental Dispatch

A Healthy Smile Starts at 12 Months

A child's 12-month well visit is a crucial time for establishing lifelong health habits. In addition to standard well-visit care, this milestone also marks the ideal opportunity to initiate dental care. Perform a visual oral health screening and refer your patient for their first dental visit. While many parents may be surprised, early dental checkups are essential for monitoring overall child health.

By referring children to the dentist early, providers help establish a positive relationship between the dentist, the child, and their caregivers. Dental professionals can devote the time and specialized care to detect and treat oral health issues early.

At the first dental visit, the dentist or hygienist may:

- Apply topical fluoride varnish to prevent cavities on erupted teeth
- Examine the child for cavities and complete a risk assessment to determine the relative risk for developing decay
- Provide guidance on feeding practices and nutritional counseling to prevent early childhood cavities
- Monitor growth and development of the jaws and teeth
- Assess the child's environment to determine the need for a fluoride supplement
- Educate caregivers on oral hygiene practices



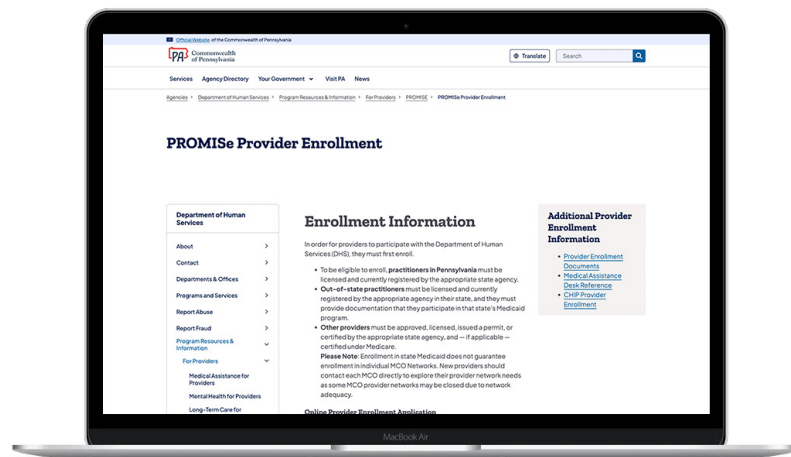
Each dental visit is an opportunity to educate parents and caregivers on oral health, promote healthy habits, and establish trust.

If patients need help finding a dentist, they can contact our Member Relations team at **1-866-901-8000** (TTY **1-877-454-8477**), available 24/7.

Confirm Demographic Information & Enrollment Status

Providers should check the DHS PROMISE system on a routine basis to confirm demographic data, including all service locations/revalidation dates, to ensure their information is current and that they have an active PROMISE ID. Please visit the [DHS webpage](#) for requirements and step-by-step instructions.

Jefferson Health Plans' participating provider groups that need to update their contact information (e.g., name, address, phone number, etc.) should submit the information change on company letterhead to datavalidation@hpplans.com.



Cultural Competency Requirements

Cultural and Linguistic Requirements and Services for Members with Limited English Proficiency (LEP)

Cultural competency is key to closing the disparities gap in healthcare. It requires a commitment from doctors and other caregivers to understand and be responsive to the different attitudes, values, verbal cues, and body language that people look for in a doctor's office by virtue of their heritage.

Culturally competent providers:

- Understand their own beliefs and biases, explicit and implicit.
- Integrate these factors into their day-to-day provision of care
- Develop their understanding in stages by building upon previous knowledge and experience
- Provide the highest quality of care to every patient, regardless of race, ethnicity, cultural background, English proficiency, or literacy.

Support and resources

Participating providers are required, by law, to provide translation and interpreter services (including American sign language services) at their practice location, at the provider's cost. Our Provider Services Helpline can assist providers in locating services for members who need a qualified interpreter present at an appointment or telephonically: **1-888-991-9023**.

Additionally, you can visit [our website](#) for upcoming on-demand learning courses on cultural competency and health disparities.

Jefferson Health Plans Non-Discrimination Policy

Jefferson Health Plans recognizes the diversity of its members and offers services that are sensitive to these differences. Members enrolled in Jefferson Health Plans have the right to receive and expect courteous, quality care regardless of race, color, creed, sex, religion, age, national, or ethnic origin, ancestry, marital status, sexual preference, gender identity and expression, genetic information, physical or mental illness, disability, veteran status, source of payment, visual or hearing limitations, or the ability to speak English.

Our non-discrimination policy includes protection for members of the LGBTQ+ community. As a provider, your responsibilities for LGBTQ+ patients include:

- Treating all patients with dignity; respect their identities
- Breaking the cycle of discrimination that creates barriers for LGBTQ+ communities to access healthcare
- Adopting best practices that are inclusive of and welcoming to LGBTQ+ communities
- Providing complete, unbiased, person-centered care to support risk reduction

How to Report an Issue of Compliance, Privacy, or Fraud

The reporting and investigation of compliance, privacy, or fraud incidents plays a key part in creating a culture of honest and ethical behavior and conduct. Proper management of compliance, privacy, or fraud issues is an essential tool for improving Jefferson Health Plans' services. It also enables us to take appropriate action to mitigate risks from happening again.

Anyone who becomes aware of a compliance, privacy, or fraud incident, whether it has occurred or is about to occur, should report it to Jefferson Health Plans. There are several ways to report through the options provided. If you wish to remain anonymous, you may do so by using the hotline or our EthicsPoint online reporting tool.

To report a compliance, privacy, or fraud incident:

- Call the anonymous hotline: **1-866-477-4848**
- Email our Compliance team to report actual or suspected non-compliance: Compliance@jeffersonhealthplans.com
- Email our Privacy Office to report actual or suspected privacy or security concerns: PrivacyOfficial@jeffersonhealthplans.com
- Email the Special Investigations Unit (SIU) to report actual or suspected FWA concerns: SIUtips@jeffersonhealthplans.com
- Complete and submit allegations related to Compliance, Privacy, or FWA anonymously online using the [My Compliance Report](#) online reporting tool

Policy Bulletin Updates

Our [policy bulletins](#) communicate our medical, claim payment reimbursement, and drug positions for services administered in relation to the applicable member's benefits. Please see below for recent updates and additions to our policy bulletin. All policy documents are considered complementary to our [Provider Manual](#).

Drug Policies

- **New additions:**
 - [DR.015.A ROCTAVIAN™](#) ([valoctocogene roxaparvovec-rvox](#))
 - [DR.016.A ELEVIDYS®](#) ([Delandistrogene moxeparvovec-rokl](#))
 - [DR.017.A ADSTILADRIN®](#) ([Nadofaragene firadenovec-vncg](#))
 - [DR.018.A DR.018.A VILTEPSO®](#) ([Viltolarsen](#))
 - [DR.019.A HEMGENIX®](#) ([Etranacogene dezaparvovec-drlb](#))
- **Updates:**
 - [DR.005.D ZOLGENSMA®](#) ([onasemnogene abeparvovec-xioi](#)): Updated Black Box Warning
 - [DR.011.D IgG1 Monoclonal Antibodies for Alzheimer's](#): Updated Prior Authorization and Renewal criteria
 - [DR.013.B RELIZORB®](#) ([immobilized lipase](#)) [Cartridge®](#): Updated Prior Authorization criteria

Medical Necessity Policies

- [MN.006.I Cosmetic & Reconstructive Services](#): Updated Medically Necessary & Coding sections
- [MN.010.F Gender Confirmation Surgery](#): Updated Coding section

Claim Payment Policies

- [RB.001.D Ambulance Ground Mileage](#): Updated policy statement
- [RB.007.C Durable Medical Equipment \(DME\) Continuous Rental](#): Updated Coding section

Jefferson Health Plans Medicare follows CMS' pay percent rules for endoscopic, therapy, and cardiac services.



PC-420NM-5441

[Provider Resources](#)



[Jefferson Health Plans](#)



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